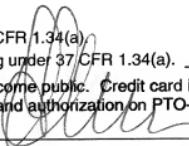


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket No. 64118.000036	
In re Application of	<i>Kevin T. Foley, et al.</i>		
Application Number	10/643,878		
Filed	August 20, 2003		
For	SYSTEM AND METHOD FOR SECURING A PLATE TO THE SPINAL COLUMN		
Group Art Unit	3733		
Examiner	Daniel J. Davis		
Confirmation No.	5214		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.			
The requested extension and appropriate fee is as follows:			
	Large Entity	Small Entity	Amount
<input type="checkbox"/> One Month	\$120.00	\$ 60.00	\$
<input type="checkbox"/> Two Month	\$450.00	\$ 225.00	\$
<input checked="" type="checkbox"/> Three Month	\$1020.00-\$450**	\$ 510.00	\$570.00**
<input type="checkbox"/> Four Month	\$1590.00	\$ 795.00	\$
<input type="checkbox"/> Five Month	\$2160.00	\$1080.00	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206. **1020 - 450 (Two month Extension fee paid with response filed 12/26/06)			
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96);, <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____		
January 24, 2007		 Signature	
Date		Signature	
		Ozzie A. Farres	
		Typed or Printed Name	
		43,606	
Registration Number (if applicable)			
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 1 form(s) is/are submitted.			